

ISSUE SLIP STAMP - APE- (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71530	7-16
O.L.P.E. CLASSIFIER	<i>ME</i>	13	7/23/95
FORMALITY REVIEW		65918	8/7/94

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 = _____ Allowed I _____ Interference
 - (Through numeral) Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
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